Part A, Permit Process --- Internal Checklist

*			
ID Number 👍	MODOO0818963 Firm Name McDonnell D	ouglas Corp-51	Louis
Dafau da	PHASE ONE Tract	Indicate by	Valid
Refer to Form No:	Interim Regulatory Requirements	your initials: Yes No	Prmlg Date?
1	T/S/D'Facility? (If No, return to respondent.)	\	
3	Form 1 received?		
1	Form 3 received?		
1 & 3	Postmarked on or before November 19, 1980?		
3	Date of operation entered?		
3	Date of operation on or before November 19, 1980?	<u> </u>	
Notif. record	Notifier?	1,	
n n	Notified on or before August 18, 1980?		
1	Form 1, XIII B signed?		
3	Form 3, IX B Signed?	1 =	
	items above are initialed in the Yes column, general ment and indicate the trigger date here:	te Interim Status C 1 7 1980,	
	PHASE TWO		
1	Unsure if regulated or non-regulated?		
3	New facility?		
1 & 3	Core items missing? If Yes, indicate which items:		
	<pre>Facility name; location; mail address; ope</pre>	erator info;	
	<pre>certification; process info; waste info; c</pre>	owner; sigs	
	PHASE THREE		
1 & 3	Non-core items missing? If Yes, indicate which ite	ems:	
	<pre>Maps; photos; drawings; lat/long</pre>		
	Other observations and comments:	-b)	
		Received Date St	amp
DATE SENT BA	CKR00148165	NOV 2 1 1980	

RCRA RECORDS CENTER

DATE RETURNED



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

P. 0. BOX 15606 KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

MOD000818963

EPA I.D. NUMBER

MCDO NNELL DOUGLAS

FACILITY ADDRESS

.. 11.12

MCDONNELL AIRCRAFT COMPANY

Box 516, Saint Louis, Missouri 63166 (314) 232-0232

17 November 1980

U. S. Environmental Protection Agency Region VII P.O. Box 15606 Kansas City, MO 64106

Attention: Mr. Dennis Degner

REGISTERED MAIL - RETURN RECEIPT

Dear Mr. Degner:

Enclosed you will find completed EPA Forms 3510-1 and 3510-3

If you have any questions, please contact us.

Sincerely yours,

MCDONNELL AIRCRAFT COMPANY

Jerome Patterson, Supervisor Environmental Pollution Control Department 191C - Building 107

JCP:gs

Enclosure: EPA Forms 3510-1 and 3510-3

MCDONNELL DOUGLAS

Please print or type in the unshaded areas only [fill—in areas are spaced for elite type, i.e., 12 characters finch				Form Approved OMB No. 1	58-RC	175	50.5
ar-apm				AATION I. EPA I.D. NUMBER		1	T/A C
CEPA CA	onsoli	dated	Permits P		8 9	6	3 D
I. EPA I.D. NUMBER		1		If a preprinted label has be it in the designated space, ation carefully; if any of it through it and enter the appropriate fill—in area bel	een p Reviet is in	rovid w the corre	inform- ect, cross ta in the
W FACILITY	ACĘ	LA	BEL IN	the preprinted data is abseleft of the label space list that should appear), please proper fill—in area(s) below complete and correct, you litems I, III, V, and VI (must be completed regard items if no label has been	nt (the ts the proving	e are inferide the not t VI- Com ded.	on to the commation it in the label is complete B which aplete all Refer to
LOCATION	/	/	//	the instructions for deta tions and for the legal au which this data is collected.			
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine v questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no"	tal fo to e	rm li ach q uctio	sted in the	submit any permit application forms to the EPA. If you anse parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no o, Section D of the instructions for definitions of bold—faced	the th	ird c our a L MAR	olumn
A. Is this facility a publicly owned treatment works	YES	NO	ATTACHED	B. Does or will this facility (either existing or proposed)	YES	NO	ATTACHED
which results in a discharge to waters of the U.S.? (FORM 2A)	16	X	10	include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in		Х		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to		X	
A or B above? (FORM 2C) E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	23	X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore,	25	26 X	17
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X 35	30	underground sources of drinking water? (FORM 4) H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	31	X 38	33
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	42	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	43	х	45
III. NAME OF FACILITY							
1 SKIP MCDONNELL DOUGLAS CORP ST.	. LO	UIS	TRAC	<u> </u>	60		
IV. FACILITY CONTACT							
A. NAME & TITLE (last, fi		Titte	1 1 1	B. PHONE (area code & no.)			
2 PATTERSON JEROME SUPERVISOR				3 1 4 2 3 2 3 3 1 5 45 46 - 40 49 - 51 52 - 55			
V. FACILITY MAILING ADDRESS A. STREET OR P.O.	вох						
3 P.O. BOX 516 DEPT. 191C	1 1						
B. CITY OR TOWN				C.STATE D. ZIP CODE			
4 ST. LOUIS				MO 6 3 1 6 6			
VI. FACILITY LOCATION				40 41 42 47	100		
A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIF	ER			
5 BROWN RD. AT LINDBERGH TRACT I				49			
B. COUNTY NAME ST. LOUIS	11	1		NOV 2.1 1980			
C. CITY OR TOWN				D. STATE E. ZIP CODE F. COUNTY CODE			
6 HAZELWOOD	1 T			MO 6 3 1 4 5			

				CHARLEST NO. 150 TANK TO THE THEORY
CONTINUED FROM THE FRONT				· V
VII. SIC CODES (4-digit, in order of priority)			B, SECOND	
A. FIRST		s (specify	v)	0
AIRCRAFT MFG.		7 8 9 3 1	DATA PROCESSIN	Ġ ,
C. THIRD			D. FOURTH	
(specify) 7 1 9 2 5 MISSILE AND SPACE C	RAFT MFG.	7 (specify	v)	
VIII. OPERATOR INFORMATION	10,000,000	mm - m		TEAR YEAR OF MICE
VIII. OPERATOR INFORMATION	A. NAME			B. Is the name listed in
			111111	item VIII-A also the owner?
8 MCDONNELL AIRCRAFT COMPANY				YES NO
C. STATUS OF OPERATOR (Enter the approp	riate letter into the answ	er hox: if "Other", specify	D. PHO	ONE (area code & no.)
F = FEDERAL M = PUBLIC (other than fed	leral or state) (s	specify)	c	
S = STATE O = OTHER (specify) P = PRIVATE	P		A 3.1.4	
E. STREET OR I				
P.O. BOX 516				
H		G.STATE H. ZIF	P CODE IX, INDIAN LA	ND
F. CITY OR TOWN				ocated on Indian lands?
B ST. LOUIS		M 0 6 3	1, 6, 6 YES	₩ NO
15 16		40 41 42 47	21 200	
X. EXISTING ENVIRONMENTAL PERMITS		a from Dronored Courses		
A. NPDES (Discharges to Surface Water)	G T I AIT Emission	s from Proposed Sources)		
9 N	9 P		30	
B. UIC (Underground Injection of Fluids)		R (specify)		
0 11	9		(specify)	
	18 16 17 18	m (magiful	36	
C. RCRA (Hazardous Wastes)	CTI III	ER (specify)	(specify)	
9 R	9 15 16 17 11	 	30	
XI. MAP			AMEN'S STATE	
Attach to this application a topographic map	of the area extending	to at least one mile beyo	ond property bounderi	ies. The map must show
the outline of the facility, the location of each treatment, storage, or disposal facilities, and	th of its existing and	proposed intake and dis	scharge structures, each	h of its hazardous waste
water bodies in the map area. See instructions	for precise requiremen	its.	a. meidde an spinigs, i	illegia alla ottici adilace
XII. NATURE OF BUSINESS (provide a brief descrip				
1 1/1/2010 00 170 00 170	TD TT114T 400T10		TROPARE (MOROW)	101 T A TD OD A DD
1. MANUFACTURE OF AIRFRAME AI	ND FINAL ASSEMB	LY OF MILITARY A	AIRCRAFT (MCDONN	NELL AIRCRAFT
COMPANY)				
2. PRIVATE AND PUBLIC DATA P	ROCESSING (MCDO	NNELL AUTOMATION	COMPANY).	
3. MANUFACTURE OF MISSILES AN			S AND FINAL ASSE	EMBLY
(MCDONNELL DOUGLAS ASTRONA	AUTICS - EASTER	N DIVISION).		
XIII. CERTIFICATION (see instructions)				
I certify under penalty of law that I have per				
attachments and that, based on my inquiry				
application, I believe that the information is false information, including the possibility of			at there are significant	Penaities for sublitting
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNA		. ,	C. DATE SIGNED
Donald Malvern, Executive Vice	President X	m - 11 M	1/1/2	17 1/2/ /
McDonnell Aircraft Company	10	IM IM	YUN	1 / / ۷ / ۷ /
COMMENTS FOR OFFICIAL USE ONLY				
C				
Paril Co				

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FO		ΟF		IAL USE ONLY	(2 tto tr) or man	The require	To an ac	The state of the s			0,1			Sheet	W.	114.115
			TIOI /ED	(yr., mo., & day)							C	ОММ	IENTS			
II.	FII	RS'	r 01	R REVISED APPL	ICATION											
revi	sed	ap	olica	n the appropriate box tion. If this is your fi ber in Item I above.	in A or B below (mirst application and	ark one bo you already	know y	o indi our fa	cate v cility	vhe 's E	ther PA I	this is .D. No	s the first application you are submitting umber, or if this is a revised application,	for your enter yo	facility ur facili	or a ity's
A.				PLICATION (place isting facility (definition of								RNEW	FACILI	TIES,
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В.	RE [VI	SED	APPLICATION (and comple	te Item .	I abov	e)				2. FACILITY HAS A RC	RA PER	міт	
III.	PI	30	CES	SES – CODES AN	ID DESIGN CAP	ACITIES	No.									10.0
	ent	erir	g co		needed, enter the c	ode(s) in th	e space p	provid	ed. I	fa	proce	ess wil	process to be used at the facility. Ten li Il be used that is not included in the list J.			
	1.	AN	OUI	DESIGN CAPACITY NT — Enter the amou	nt.											
				F MEASURE — For used. Only the unit						le f	rom 1	the lis	st of unit measure codes below that desc	ribes the	unit of	
						RIATE UNI							PRO- APPROPE CESS MEASURE			
_				ROCESS		N CAPAC			_		-	ROC		N CAPA		
C	NC			R (barrel, drum, etc.)		OR LITER			Trea		ent:		TO1 GALLONS		YOR	
W		TE	PILI		S03 CUBIC YA	TERS							UNDMENT TO2 GALLONS LITERS PE	PER DAY		
		FA (MPOUNDMENT	S04 GALLONS	OR LITER	rs		INC	INE	RAT	OR	T03 TONS PER METRIC TO GALLONS	ONS PER	HOUR	
II	JE	СТ	-	WELL	D80 ACRE-FEE	OR LITER	me that		отн	EŖ	(Use	for p	LITERS PE physical, chemical, T04 GALLONS	PER DA		
					would cove depth of or HECTARE	r one acre i ne foot) OR -METER	o a		proc	esse ice	es no impo	t occu	ical treatment LITERS PE urring in tanks, sents or inciner-	RDAY		
				ICATION POSAL		PER DAY			ators the s	pac	e pro	ibe th ovided	ne processes in d; Item III-C.)			
S	JR	FA	CE II	MPOUNDMENT	D83 GALLONS		es								LIBITOR	
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G	AL	LO	NS.		G	LITERS	PER DA	Υ.,					V ACRE-FEET			
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G	AL	LO	NS F	ER DAY	U	LITERS	PER HO	UR.				!				
oth	er c	an	hold	400 gallons. The fac	ility also has an inci	nerator tha	t can bu	rn up	to 20	gal	lons	per ho	Dur.	200 gant	Jiis and	1110
Ĉ				DUP	1/2 1	11.	//	1	/ ,	1	1	1	11111111	11	11	1
n C	A	PI	20-	B. PROCESS	DESIGN CAPAC	HTY	1, ,		2	A	PRO	L	B. PROCESS DESIGN CAPACI	TY		
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X-2	T	0	3	20	0	E			6	S	0	2	2,000	G		
1	S	0	1	37,6	20	G				S	0 2	2	2,,000	G		
2	S	0	2	20,0	00	G			8	S	0 2	2	5,000	G		
3	S	0	2	2,5	00	G			9	S	0 2	2	1,000	G		
4	S 16	0	2	4,5	00	G 28	29	32	10	S	0 2	18 19	120,000	G	29	1 32

Continued from the front.	
III. PROCESSES (continued)	3.0
C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES $(code\ "T04")$. FOR EACH PROCINCLUDE DESIGN CAPACITY.	ESS ENTERED HERE

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	, K
TONS	T	METRIC TONS	. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			EP.		man dulle dulle de		UNIT										D. PROCESSES
		\ST	TE:	NO de)		l s	MEA- URE enter code)				1.	PR			S CODE er)	s	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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X-2	D	0	0	2	400		P	T	0	3	L) 8	3 0	7	1 1		AND THE RESERVE
X-3	D	0	0	1	100		P	T	0	3	L) 8	3 0)			A REAL PROPERTY OF THE PARTY OF
X-4	D	0	0	2	The second					T		1					included with above

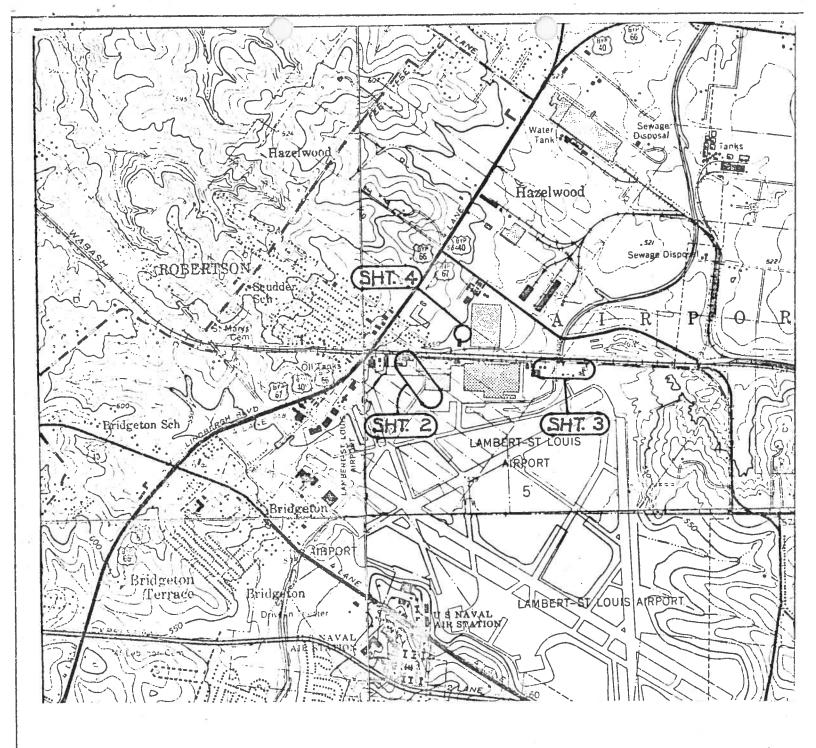
Continued from page 2. NOTE: Photocopy this page before completing if ave more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) DUP W M O D O O O 8 1 8 9 3 DUP 6 IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) D. PROCESSES A. EPA HAZARD **B. ESTIMATED ANNUAL** WASTENO QUANTITY OF WASTE 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 27 - 29 27 - 29 27 -36 D 0 0 1 520 T S 0 1 2 D 0 0 Included with Line 1 3 D 0 0 3 Included with Line 1 4 D 0 0 6 Included with Line 1 5 D 0 0 7 Included with Line 1 6 Included with Line 1 F 0 0 1 7 Included with Line 1 F 0 0 2 8 F 0 0 3 Included with Line 1 9 F 0 0 5 Included with Line 1 10 F 0 0 7 Included with Line 1 11 F 0 0 9 Included with Line 1 12 F 0 1 1 Included with Line 1 13 \mathbf{F} 0 1 7 Included with Line 1 14 U 0 1 3 Included with Line 1 15 U 1 8 8 Included with Line 1 16 D 0 0 2 T S 0 2 1,542 17 D 0 0 3 Included with Line 16 18 D 0 7 0 Included with Line 16 19 0 2 T D 0 S 0 2 139 20 3 Included with Line 19 D 0 0 21 D 0 0 2 555 T S 0 2 D 0 0 3 Included with Line 21 23 D 0 T 0 1 150 S 0 2 D 0 0 1 T S 0 2 7 25 D 0 0 1 3 T S 0 2 26 34 T S 0 2 D 0 0 EPA Form 3510-3 (6-80) **CONTINUE ON REVERSE** Continued from the front.

NOTE	· Ph	oto	СОР	page by th	is page before completing if you	have	moi	e t	han 26	wa t	es to li	7£.		Form Approved OMB No. 158-S80004
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w]	10	1		G	0 8 1 8 9 6 3 1	/	/		8 W			D U P		DUP
IV.	DE:	SCI	RIP	TIC	ON OF HAZARDOUS WASTI	ES /	con	tin	ued)		8	****	مرابعی است. نامنده است.	
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V. FACILITY DRAWING (see page 4)

SEE ATTACHED DRAWINGS

SKPE 1280 SHEETS 2, 3, 4

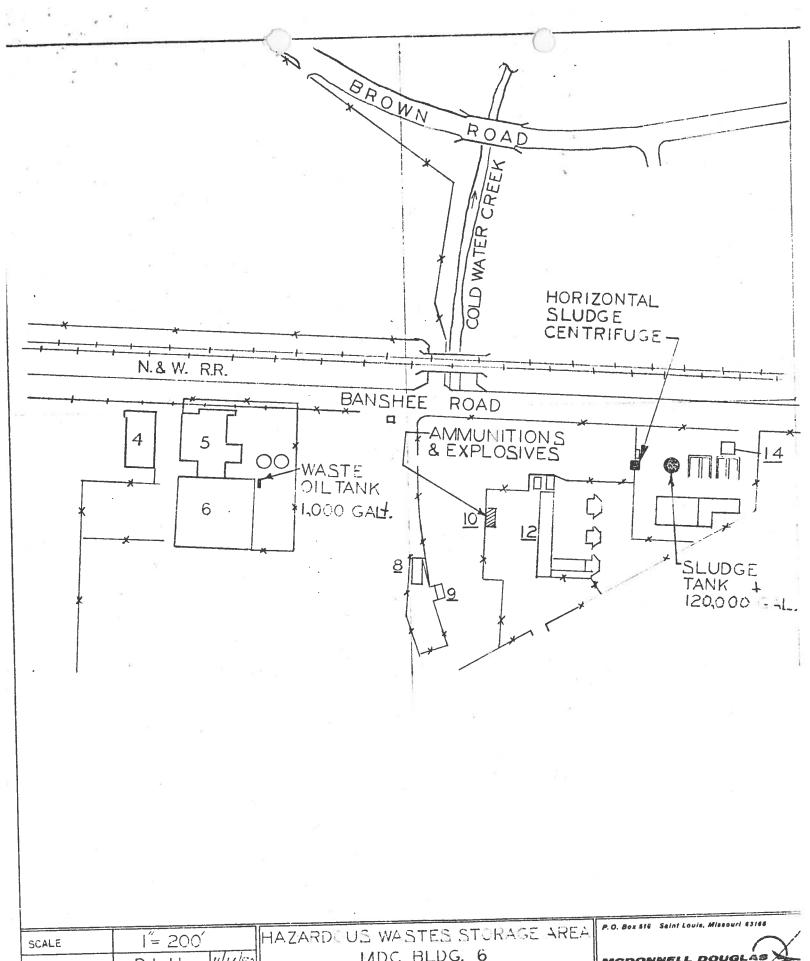


NOTE:

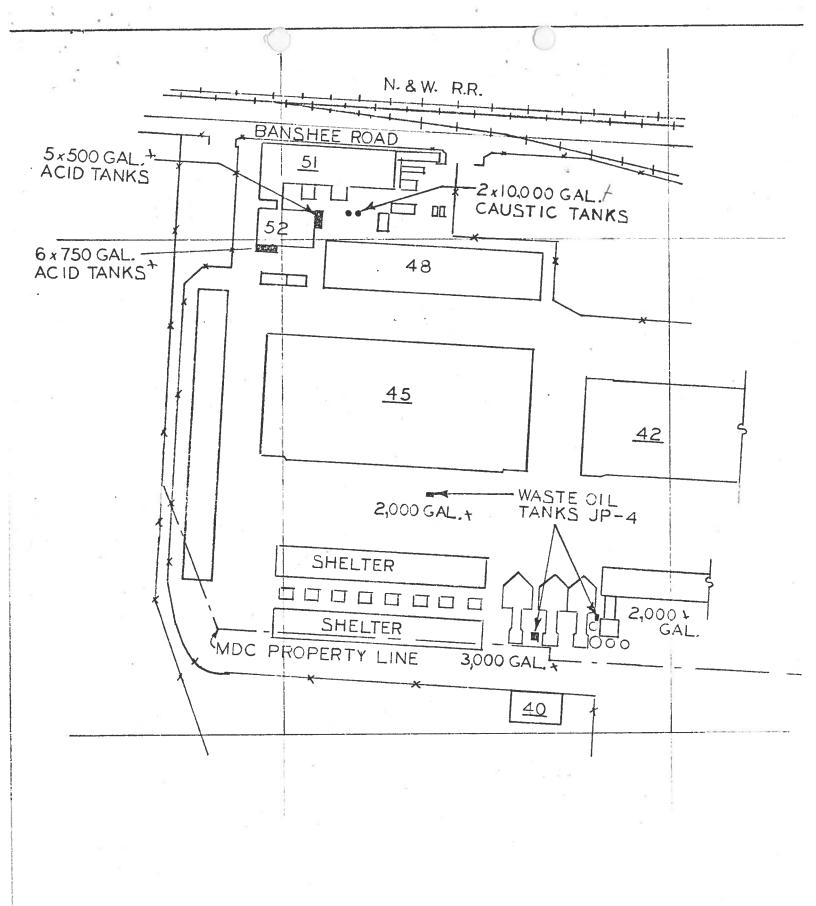
MAP REPRODUCED FROM ST. CHARLES, FLORISSANT, CLAYTON, & CREVE CEOUR, MO. QUADRANGLE OF USGS. 7.5 MINUTE SERIES MAPS. LAT. 38° 45′ 30″ LONG. 90° 22′ 10′



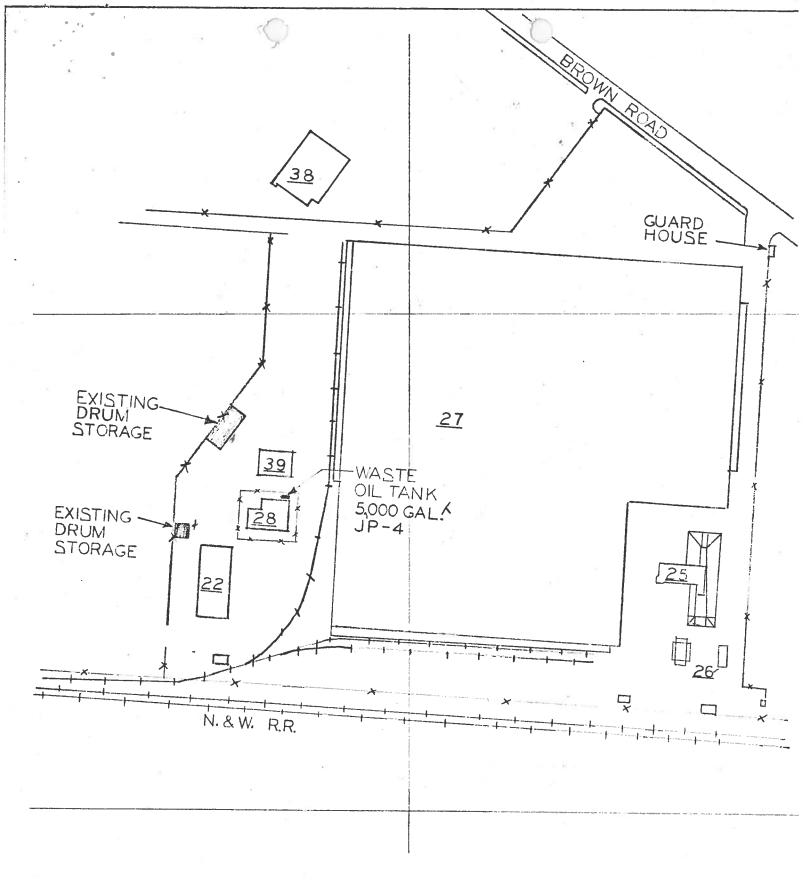
SCALE	1=2.00	0	HAZARDOUS W	ASTES	STORAGE	AREAS	P.O. Box 818 Seint Louis, M	lissouri 83186
DRAWN	D.L. H.	11/14/80				т	MCDONNELL DO	
APPROVED	Decents	1440000	LO	CATION	PLAN			DORPORATEL
APPROVED			APPROVED	FOR CON	STRUCTION		PLANT ENG	SINEERING
F. O.R.	F.O.	•	DATE	physical area and an experimental and a second seco			SKPE 128	O SHT



SCALE DRAWN APPROVED	D.L.H. 11/14/53	SITE PLAN	MCDONNELL DOUGLAS
APPROVED	J COalie 14NOVSO	APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
F. O.R.	F.O.	BY	SKPF 1280 P



SCALE	l"= 200	,	HAZARDO	OUS WASTES S	TORAGE	AREA	P.O. Box 818 Saint Louis, Missouri &	"" /
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APPROVED	"		API	PROVED FOR CONS	TRUCTION		PLANT ENGINEER	RING
F. O.R.	F.O.		BY				SKPF 1280	SHT



SCALE	l'= 200'		HAZARDOUS WASTES STORAGE AREA	P.O. Box 518 Saint Louis, Missouri \$3166
DRAWN	D.L.H.	11/14/82	MD.C. BLDG. 27	MCDONNELL DOUGLAS
APPROVED	ROMS	lywoodse	SITE PLAN	COMPONATION
APPROVED			APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
F.O.R.	F.O.		BY	OLYDE
4AC 1327 (REV 2	3 8445 711	E.	DATE	SKPE 1280 SHITOT 4 4





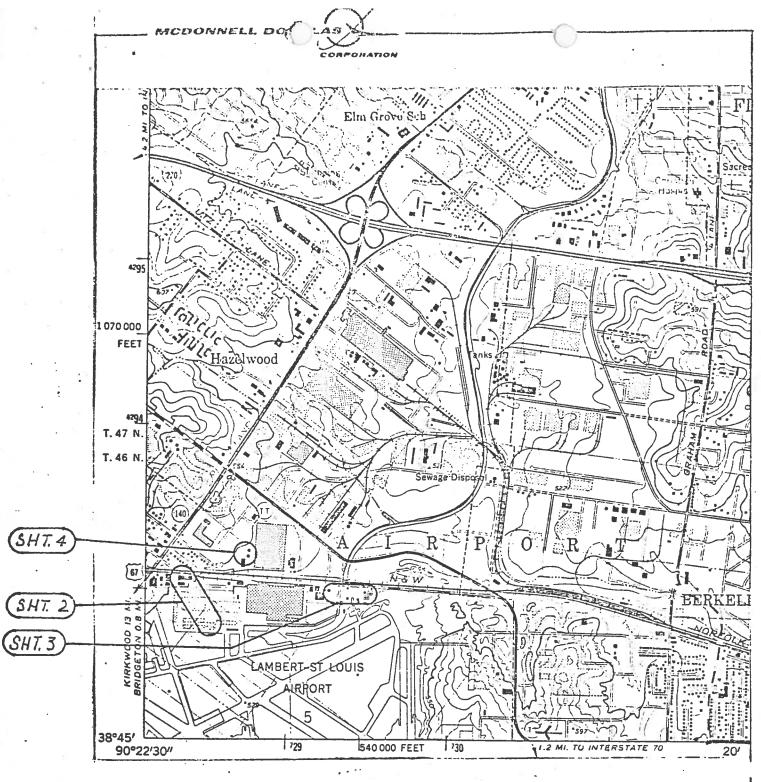
RESPONDENT CONTACT RECORD (RCR)

FACILITY I	D NUMBER		COMPANY NAM	E -		300000000000000000000000000000000000000				
MO.	00008	3 1 8 9 6 3	McDo	mell Douglas	P					
COMPANY	ADDRESS			CITY		STATE ABBREV.	ZIP CODE			
Brow	n Rd. at	Lindbergh 7	ract 1	St. Louis		Mo	63145			
CONTACT	PERSON'S NAME/TIT	LE			TELEP	HONE NUMBER (INC	LUDE AREA CODE)			
Cha	rles Jo	husen			3	1423	2-6616			
			CONT	ACT RECORD						
DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLU	UTION	*		17				
15	BA	I talked	to Char	les Johnson	Con	rceining	the Banshee			
	U					, , ,	that Bldgio			
				te Tract 1						
				Smitted two						
		because Ch	arles go	thuson is	the	contact	for !			
		Reactive we	estes a	and Jerome	_ /	atterson	is the			
		contact for	a other	than rea	ctev	e waste	21			
		action:								
		Andude to	te Bans	Lee Rd app	lica	tion with	the tract			
		1 address a	application and delete I from Part A							
		received.	count.							

FORM	are bush mas a	S CENTRO	EE A	1 10	VFORM	ATION	I. EPA I.U. NUINBER	e me fredi		T.ALC.
		-A	lid	ated	Permits Pr	rogram	F 0 D 0 0 0 8 1	8 9	6	3 0
GENERAL	CIP ICEGIS II	(Read the 'G	er era	l Ins	tructions"	before starting.)	GENERAL INSTRU	CTIC	NS	13 1 14
I. EPA I.D. III. FACILI V. MAILIN VI. FACIL II. POLLUT INSTRUC	TY NAME TY NG ADDRESS TION TANT CHARACTE TIONS: Complete	A through J to determine w	he the	er yo	u need to	submit any permit application	If a preprinted label has be it in the designated space. Fation carefully; if any of it through it and enter the cappropriate fill—in area belothe preprinted data is absented to the preprinted data is absented to the preprinted data is absented to the label space list that should appear, please proper fill—in area(s) below complete and correct, you items I, III, V, and Vi is must be completed regardlitems if no label has been the instructions for detait tions and for the legal au which this data is collected. In forms to the EPA. If you answertion, Mark "X" in the box in the legal in the legal and the legal an	en province to the correct ow. Alt the province or the correct ox. If need in the correct ox the	ovida v the correct date lso, li e area info ide li the not c VI-L Compled. F tem action	informatic, cross a in the fany of a to the amation t in the label is complete 8 which plate all Refer to descripas under
I If the mine	domantal form is	"nn" rawers unv 11 hednette	to ea	ich a	uestion, vi	ou need not submit any of the	se torms, tou may answer no	II yu	ini ar	tivity
is excluded	d from permit requ	iraments; see Section C of the				o, Section D of the instruction	s for definitions of bold-faced			219.
	SPECIFIC Q	UESTIONS	YES	NO	K'X' FORM ATTACHED	SPECIFIC (DUESTIONS	AKS	MAR	FORM ATTACHET
A. is this which (FORM	results in a disch	ely owned treatment works arge to waters of the U.S.?	16	X	10	include a concentrated equatic animal production discharge to waters of the		19	X 28	21
.C. Is this	a facility which o	ther than those described in		X		D. Is this a proposed facility in A or B above) which	y (other than those described will result in a discharge to		х	•1
A or B	above? (FORM 20	3)	.12	23	24	waters of the U.S. (FOR	M 2D)	2.3	26	27
	or will this facilit ous wastes? (FOR!	y treat, store, or dispose of M 3)	X	29	X	municipal effluent below	w the lowermost stratum con- arter mile of the well bore, drinking water? (FORM 4)	31	X 32	31
in coni duction oil or	or other fluids wh nection with conve n. Inject fluids us	t at this facility any produced ich are brought to the surface entional oil or natural gas proed for enhanced recovery of et fluids for storage of liquid	34	х	36	cial processes such as m process, solution mining tion of fossil fuel, or re (FORM 4)	at at this facility fluids for spe- nining of sulfur by the Frasch of minerals, in situ combus- covery of geothermal energy?	37	X	25
1. Is this one of struction per year Clean	facility a propose f the 28 industria ons and which we ear of any air p	ed stationary source which is al categories listed in the in- ill potentially emit 100 tons ollutant regulated under the affect or be located in an	40	X	42	NOT one of the 28 ind instructions and which to per year of any air pollu	ed stationary source which is lustrial categories listed in the will potentially emit 250 tons tant regulated under the Clean or be located in an attainment	43	X	43
Personal Property of the Party	OF FACILITY	A Company of the Company		风度	in the state of	/- /- /- /- /- /- /- /- /- /- /- /- /- /				
1 SKIP M	CDON'N	ELL DOUGL	A	S	COR	P				evi ali
IV FACIL	TY CONTACT				. Zer in in in				N.T.Y	100
		A. NAME & TITLE (last, fi	rst, &	title	:)		. PHONE (area code & no.)			Algania.
2 J O H	INSON,	CHARLES S	E	СТ	ION	MANAGE31	4 2 3 2 6 6 1 6			
V. FACILI	TY MAILING AD	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O			material services			ALC: N	7.7	
3 P 0	B.O.X. 5	A. STREET OR P.O.	1 1	-		45			W. T	
4 S.T.	LOUI	S. CITY OR TOWN	T . T	1	TTT	M O 6 3 1 6	5 6		16.5	
VI. FACIL	ITY LOCATION	ET, ROUTE NO. OR OTHER			IDENT:	151	· · · · · · · · · · · · · · · · · · ·	1	2.0	
5 B A N	N.S.H.E.E.	, , , , , , , , , , , , , , , , , , , 	L		111	0				
		B. COUNTY NAME					ALON 1 O 1000	111		
ST.	LOUIS						MOART			
46		C. CITY OR TOWN				D.STATE E. ZIP CO	DE F. COUNTY CODE			
6 N A		 				M, O 6, 3, 1,	6.6	43.45	The Contract of	10年10年
EDA Form	3510-1 (6-80)		-	-		49 41 42 47	31 32 - 34 CONT	INUE	ON	REVERS

A, FIRST	B. SECOND
3 7 .2 1 (specify)	5 8 9 3 1 (specify)
AIRCRAFT MFG.	DATA PROCESSG
C. THIRD	B. FOURTH
1 9 2 5 (specify)	[7]
MISSILE & SPACECRAFT MFG.	- 14 · 19
III. OPERATOR INFORMATION	B. Is the name listed In
A. NAME	Item VIII-A siso the owner?
MCDONNELL AIRCRAFT CO	X YES □ NO
1 14	wer box; if "Other", specify.) D. PHONE (area code & no.)
C. STATUS OF OPERATOR (Enter the appropriate letter into the ans F = FEDERAL M = PUBLIC (other than federal or state)	SI I I I I I I I I I I I I I I I I I I
S = STATE O = OTHER (specify) P = PRIVATE O = OTHER (specify) P = PRIVATE	(specify) A 3 1 4 2 3 2 6 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 6 1 6 1 6 1 6 6 1 6 1 6 6 1 6 1 6 6 1 6 1 6 6 1 6 1 6 6 1 6 1 6 6 1
E. STREET OR P.O. BOX	
PO BOX 516.	55
F. CITY OR TOWN	G.STATE H. ZIP CODE IX, INDIAN LAND
ST. LOUIS	M 0 6 3 1 6 6 September 18 the facility located on Indian lands?
	40 41 42 47 - 51
16	
K. EXISTING ENVIRONMENTAL PERMITS	ms from Proposed Sources)
9 N 9 P	
B. UIC (Underground Injection of Fluids) E. OTH	ER (specify)
C 7 1	(specify) MDC is submitting another
9 0	RCRA Part A
	IER (specify)
<u> </u>	(specify) Application under separate
9 8	Cover
15 10 17 10 XI, MAP	
the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it is water bodies in the map area. See instructions for precise requirements	and the second s
XII. NATURE OF BUSINESS (provide a brief description)	
Manufacture of airframe and final assemble Company)	ly of military aircraft (McDonnell Aircraft
2) Private and public data processing (McDon	nnell Automation Company)
3) Manufacture of missile and space craft, Douglas Astronautics - Eastern Division)	both component and final assembly (McDonnell
the second secon	
The state of the s	ASSESSED DONARD - Maringon (1911) model - 1. Linear and Drawnson (1911) model of the control of the control of
XIII. CERTIFICATION (see Instructions)	
attachments and that, based on my inquiry of those persons in application, I believe that the information is true, accurate and the false information, including the possibility of fine and imprisonments.	
A. NAME & OFFICIAL TITLE (type or print) B. SIGN	ATURE C. DATE SIGNED
Donald Malvern - Exec. Vice President	1 - 10 Mil
McDonnell Aircraft Co.	That I MAINN
COMMENTS FOR OFFICIAL USE ONLY	the first the second of the se
	The second secon
	111111111111111111111111111111111111111
EPA Form 3510-1 (6-80) REVERSE	

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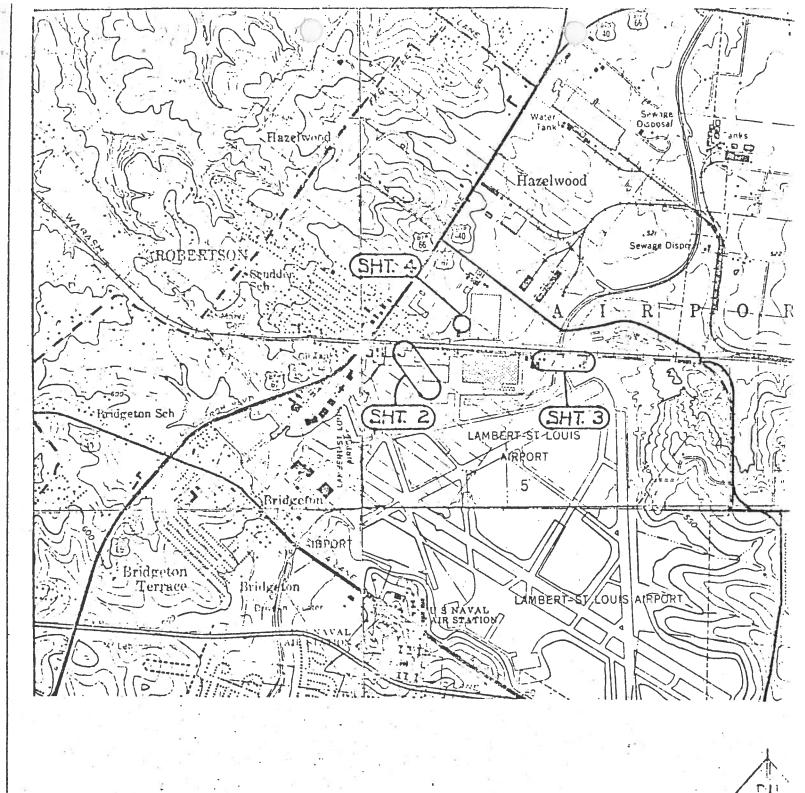


NOTE:

MAP TRACED FROM FLORISSANT, MO., QUADRANGLE OF U.S.G.S. 7.5 MINUTE SERIES MAP AS PHOTOREVISED IN 1968 & 1974.



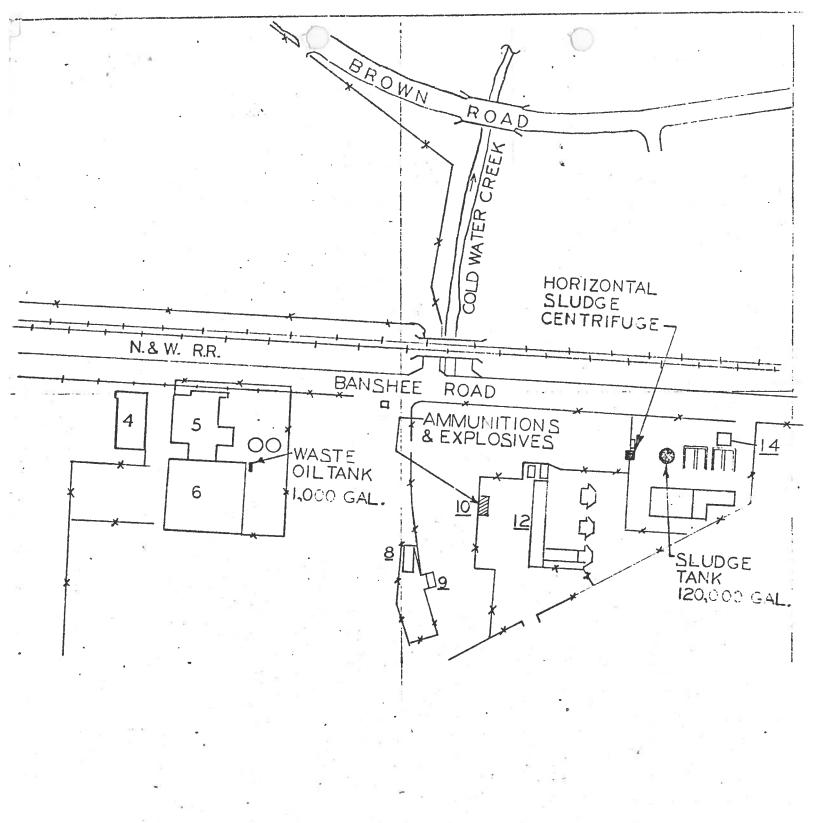
SCALE	1'= 2,000'		HAZARDOUS WASTES STORAGE AREAS	P.O. Box 518 Saint Lavis, Misseuri 43148
DRAWN	DLH //	4/80	MDC ST. LOUIS TRACT I	MCDONNELL DOUGLAS
APPROVED			LOCATION PLAN	CORPURATA
APPROVED			APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
F. O.R.	F.O.		DATE	SKPF 1280



NOTE:

MAP REPRODUCED FROM ST. CHARLES, FLORISSANT, CLAYTON, & CREVE CEOUR, MO. QUADRANGLE OF USGS. 7.5 MINUTE SERIES MAPS. LAT. 38 45 30 LONG. 90 22 10

SCALE	i = 2.00	:O'	HAZARDOUS WASTES STORAGE AREAS	P.O. Box 618 Szint Louis, Mizzouri 63186
DRAWN	D.L. H	ू <i>/</i> ्. 4: 50	MDC ST LOUIS TRACT I	MCDONNELL DOUGLAS
APPROVEO	1.	Feature -	LOCATION PLAN	GONFOR?
APPROVED			. APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
F. O.R.	F.O.	•	BY	CKDE 1540 Kin



SCALE	l'= 200)´	HAZARDOUS WASTES STORAGE AREA	P.O. Box 516 Saint Louis, Missouri 83186
DRAWN	D.L.H.	11/14/80	-M.D.C. BLUG. 6	MCDONNELL DOUGLAS
APPROVED			SITE PLAN	DONPORATION
APPROVED			APPROVED FOR CONSTRUCTION	PLANT ENGINEERING
F. O. P.	F.O.		DÂTE	SKPE 1280 SIIT

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E1	. п		. F	D APPLICATION	Thace an "X" belo HM STATUS	w and comple	te ttem I ab	ove)			74 75 76	1 177 781			
ī	II. F	RC	CE	SSES - CODES AN	ND DESIGN CA	PACITIES	Line Line	建树里			2. FACILIT	Y HAS A R	CRAPE	RMIT	
A	. Pr en de	lOC terii scrii	ESS ng c oe ti	CODE — Enter the co odes. If more lines are the process (including i	ode from the list of needed, enter the ts design capacity)	process code code(s) in the in the space (provided on	the fo	rm (I tem	III-C).	o be used at the fall that is not include	cility. Ten ed in the lis	lines are t of code	provides belo	ded for w, the
8				DESIGN CAPACITY										2-4	i.
	2.	UN	IIT :	OF MEASURE - For re used. Only the unit	each amount enter	red in column	B(1), enter	the co	de from 1	the list of unit	measure codes beli	ow that des	cribes th	e unit	of
			ż		PRO- APPRO	PRIATE UNI	TS OF	usea.			PRO-				
			F	ROCESS	CESS MEASU CODE DES	HE FOR PRO	DCESS IY		F	ROCESS	CESS CODE	APPROP MEASUR	RE FOR	PROC	ESS
	Stor	ge:		R (barrel, drum, etc.)				Trea	stment:		COUR	DESI	GN CAP	ACITY	۷
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EP/	A Fo	rm	351	0-3 (6-80)			PAGE	-				CON	TINUE (ON RE	VER

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "TO4"). FOR EACH	PROCESS ENTERED HERE
INCODE DESIGN CAPACITY.	

IV	DESCRIPTI	ON OF HAZARDOUS WA	CTEC

- A. EPA HAZARDOUS WASTE NUMBER Enter the lour—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE		METRIC UNIT OF MEASURE	CODE
POUNDSP		KILOGRAMS	к
TONST	(4)	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

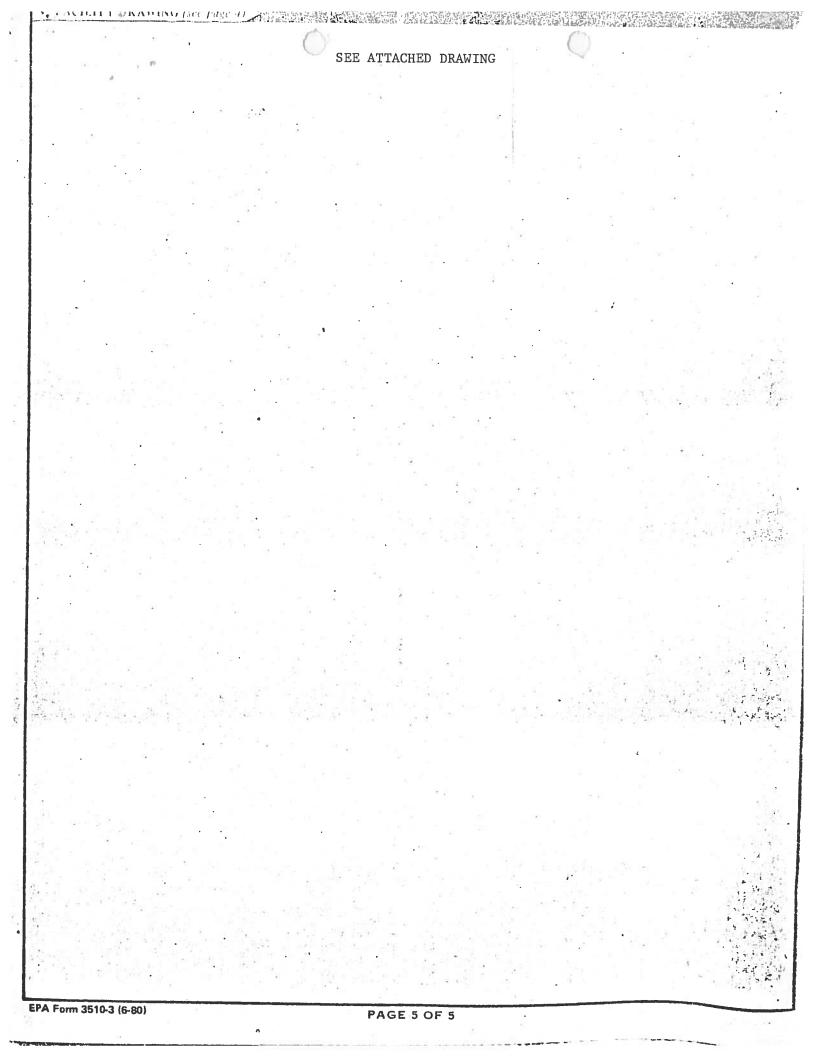
EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

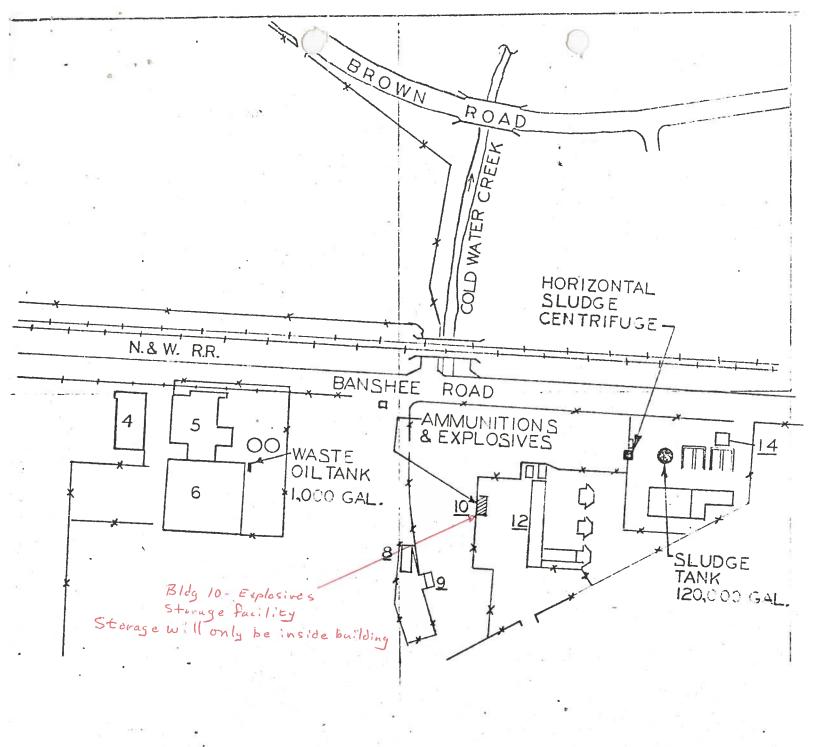
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LINE NO.	W	AS	ST	EN	10	QUANTITY OF WASTE			SURE (cnter code)			v ,	I, P		CES (ent		ODE	5	# V	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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X-2	D		0	0	2	400		P		T	0	3	D	8	0	1	T			
X-3	D)	0	0	1	100		P		T	0	3	D	8	0	=	1		1 1	
X-4			0	0	2	- 8			1								1		ī 7 ₂	included with above

EPA Form 3510-3 (6-80)

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IV. DESCRIPTION OF HAZARDOUS MASTES (CON- E. USE THIS SPACE TO LIST ADDITIONAL PROC		AGE 3.		
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EPA 1.D. NO. (enter from page 1)				
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F				
V. FACILITY DRAWING	A PARTY SPECIAL PROPERTY.	对在自己的现在分词,对于		
All existing facilities must include in the space provided on a	page 5 a scale drawing of the facility <i>(see inst</i>	ructions for more detail).		
VI. PHOTOGRAPHS	公本公司 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			
All existing facilities must include photographs (aeric				
treatment and disposal areas; and sites of future stor	age, treatment or disposal areas (<i>see ins</i>	tructions for more (letail).		
VII. FACILITY GEOGRAPHIC LOCATION				
LATITUDE (degrees, minutes, & seconds)		LONGITUDE (degrees, minutes, & seconds)		
3 8 4 5 3 0 0	n	0 9 0 2 1 4 0 0		
VIII. FACILITY OWNER	and an english and a second	72 7 7 75 76 77 - 79		
A. If the facility owner is also the facility operator as I skip to Section IX below.	sted in Section VIII on Form 1, "General In	formation , place an 'A' in the box to the left and		
B. If the facility owner is not the facility operator as it	sted in Section VIII on Form 1, complete the	following items:		
1. NAME OF FACIL	ITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)		
Ē				
E 15 16		55 56 - 30 99 - 61 02 - 5		
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST. 6. ZIP CODE		
F	G			
111 116	45 15 16	40 41 42 47 - 51		
IX. OWNER CERTIFICATION	图1364年1963年1963年1963年	(4) Pro Pall (4) Pro Pall (4) Pro		
I certify under penalty of law that I have personally				
documents, and that based on my inquiry of those in				
submitted information is true, accurate, and completed including the possibility of fine and imprisonment.	te. I am aware that there are significant	penalties for submitting raise information,		
		- V		
A. NAME (print or type) Donald Malvern-Exec. Vice	B. SIGNATURE	C. DATE SIGNED		
President McDonnell Aircraft	XX hand MINE	w		
Co.	William IV Olla	the Control of the Co		
X. OPERATOR CERTIFICATION				
I certify under penalty of law that I have personally				
documents, and that based on my inquiry of those in submitted information is true, accurate, and comple				
including the possibility of fine and imprisonment.		penalties for sconnetting raise information,		
and a series of the property of the area and interest the series of the				
	B. SIGNATURE	C DATE SIGNED		
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED		
	B. SIGNATURE	C. DATE SIGNED		
	B. SIGNATURE PAGE 4 OF 5	C. DATE SIGNED CONTINUE ON PAGE		





V. FACILITY DRAWING

SCALE	l'= 200'		HAZARDOUS WASTES STORAGE AREA P.O. BOX 518 SEINI LOUIS, M	Dissouri estes
DRAWN	D.L.H.	11/14/82	IAD.C. BLUG. 6	DUGLAS X
APPROVED			SITE PLAN	CORPORATION
APPROVED			APPROVED FOR CONSTRUCTION PLANT ENG	SINEERING
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